

FILED JAN 19 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

2145

State File No. ....

BIRTH NO. ....

REG. DIST. NO. 294

PRIMARY REG. DIST. NO. 3056

Registrar's No. 13

1. PLACE OF DEATH a. COUNTY <b>Randolph</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>COLORADO</b> b. COUNTY <b>DENVER</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Moberly</b>	c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) <b>DENVER</b>	80508
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>671 No. AJLT</b>		d. STREET ADDRESS (If rural, give location) <b>2400 ESTATES, 1st.</b>	

3. NAME OF DECEASED a. (First) <b>JOSEPH</b> b. (Middle) <b>E</b> c. (Last) <b>WRIGHT</b>		4. DATE OF DEATH <b>Jan. 7th, 1950</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>JAN. 6th, 1885</b>
9. AGE (In years last birthday) <b>65</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Rtd. Blacksmith</b>	11. BIRTHPLACE (State or foreign country) <b>Mo.</b>
12. CITIZEN OF WHAT COUNTRY?		13. NAME OF HUSBAND OR WIFE	

13a. FATHER'S NAME <b>Milton Wright</b>	13b. MOTHER'S MAIDEN NAME <b>Elizabeth Myers</b>	14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>#</b>	16. SOCIAL SECURITY NO. <b>700-01-1187</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. J.E. Wright. Denver, Colo.</b>

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Natural</b>		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		7955
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at **11:30A m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Cornos Magruder, Acting Coroner</b>	23b. ADDRESS <b>Huntsville Mo</b>	23c. DATE SIGNED <b>1-7-50</b>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <b>Jan. 9th-50</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Oakland</b>
24d. LOCATION (City, town, or county) (State) <b>MOBERLY, MO.</b>		

DATE REC'D BY LOCAL REG. <b>1-9-50</b>	REGISTRAR'S SIGNATURE <b>Leah Williams Covey</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>MAHAN AND SON Moberly, Mo.</b>
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FEB 8 1950

JAN 19 1950

RECEIVED

JAN 17 1950

District Health Officer No.

District File Number 1-50-

Date Filed JAN 17 1950

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by

Student Embalmer No.

working under my personal supervision.

Student .....

Student Embalmer

Signed

Albert K. Graham

Licensed Embalmer No. 1849

P. O. Address Nobody, Inc.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.